



PRE-EVENT SMALLPOX PLAN

Table of Contents
Appendix 9 of DPHHS Emergency Operations Plan
Montana Department of Public Health and Human Services
Plan for implementing the National Smallpox Vaccination Program (NSVP)

Section A:	Background
Section B:	Goal
Section C:	Funding
Section D:	Timeline
Section E:	Plan Format and Content
Section E-1:	Organization and Management
Section E-2:	Identification of Public Health Smallpox Response Teams
Section E-3:	Identification of Healthcare Smallpox Response Teams
Section E-4:	Selection of Clinic Sites and Vaccination Teams
Section E-5:	Scheduling
Section E-6:	Vaccine Logistics and Security
Section E-7:	Clinic Operations and Management
Section E-8:	Vaccine Safety Monitoring, Reporting, Treatment and Patient Referral
Section E-9:	Training and Education
Section E-10:	Data Management
Section E-11:	Communications
Section F:	Reporting Requirements
Section G:	Approval

Section A: Background

The Montana Department of Public Health and Human Services, as a recipient of federal funding through the Public Health Preparedness and Response for Bioterrorism (PHRPB) Cooperative Agreement (Announcement Number 99051) developed this plan to: 1) provide pre-exposure voluntary vaccinations to public health teams (including vaccinators) and 2) conduct investigations and outbreak control for initial cases in the event of a smallpox event and 3) offering voluntary vaccinations to key health care workers who would treat and manage the initial smallpox cases and suspects.

Scope:

This document serves as appendix 9 of the Montana Department of Public Health and Human Services' (DPHHS) All Hazard Emergency Operations Plan (EOP). The core All Hazard EOP addresses DPHHS's responsibilities, authorities and coordination with the State of Montana's Disaster and Emergency Plan Volume 1, Emergency Coordination Plan (ECP), which is linked to the Federal Response Plan. The health component of the Federal Response Plan is Emergency Support Function 8 (ESF 8).

The Emergency Operation Plan identifies the procedures for activation of a DPHHS Emergency Operation Center (EOC) as needed for the incident, chain of command for continuity of government, delegation of authority and roles and responsibilities in the Incident Command System.

Authorities:

- State of Montana, Montana Disaster and Emergency Plan, Volume 1
- Title 50, Montana Code Annotated.

Assumptions:

- This plan follows the Supplemental CDC Guidance for Planning and Implementing the National Smallpox Vaccination Program to support smallpox preparedness and response.
- The National Pharmaceutical Stockpile (NPS) will be the mechanism for receipt of the smallpox vaccine from CDC to the State of Montana.
- The Montana NPS Plan together with the Montana Immunization section will direct the statewide distribution of the smallpox vaccine once the plan for prioritization of distribution sites and allotment of vaccine has been developed.
- DPHHS is identified as the lead agency, in the State Emergency Coordination Plan for the receipt, management and further distribution of the National Pharmaceutical Stockpile in Montana.
- Referenced CDC Annexes are attached to electronic versions of this document as a zip file.
- This plan builds upon existing CDC Cooperative Agreement activities such as Training, Risk Communication, Health Alert Network, Epidemiology and Surveillance.

Section B: Goal of this Activity

Voluntary vaccination of Montana's public health teams and healthcare workers will enhance preparedness in the event of an outbreak of smallpox. This will permit a more prompt response by individuals who are ready to vaccinate the general population, to investigate cases and care for those who become infected.

Section C: Funding

Funding for this initiative will be partially from the Cooperative Agreement for which funding was provided through the supplemental PHPRB Cooperative Agreement with Montana. However, it is anticipated the National Pharmaceutical Stockpile (NPS) will be the resource for the vaccine and many of the supplies. There are remaining questions about the cost of supplies necessary to accomplish the vaccinations.

Section D: Timeline

Immunization of the identified teams and individuals will be accomplished within 30 days of program implementation.

Section E.1: Organization and Management

The Pre-Event Smallpox Plan in Montana will be coordinated through the Bioterrorism Executive Advisory Subcommittee for Smallpox Planning, in coordination with the Montana Immunization Section. The coordinator for the Montana Smallpox Immunization Program is Joyce Burgett, the Montana Immunization Program Manager.

Partners on this project include the staff members of the Montana Immunization Section, the Montana National Guard, Montana Hospital Association, the local Health Officers, public health immunization and surveillance staff from the counties, and the Hospital Bioterrorism Advisory Committee.

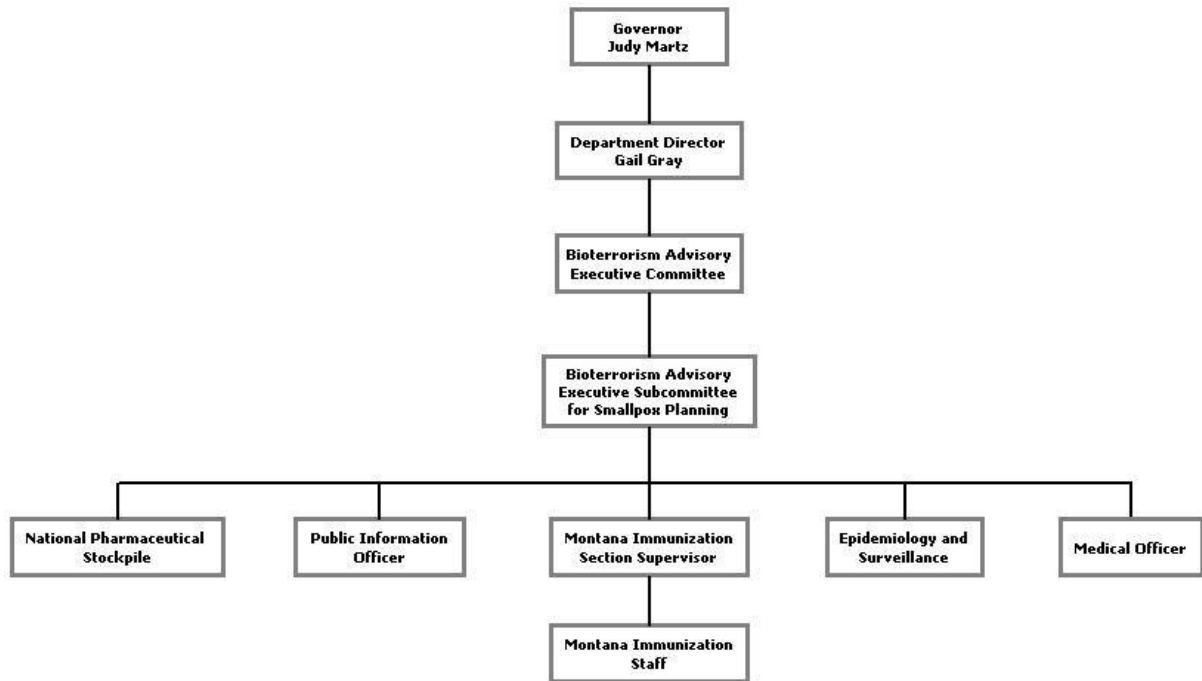
The health care teams and the public health response teams will be the core group of vaccinated, experienced personnel in each local jurisdiction able to provide coordination for contact investigation and patient care. These teams will help to provide guidance and leadership during mass immunization clinics and care for smallpox cases, in the event of a bioterrorism incident with the use of smallpox virus.

The goals will be to improve Montana's ability to respond to any disaster, and to increase the preparedness capacity to respond to a smallpox event by working with local hospitals and public health response teams. Surveillance efforts will be enhanced, including contact investigation and outbreak control.

Bioterrorism Advisory Executive Subcommittee for Smallpox Planning

Terry Krantz	Bureau Chief, CDCP	BT Advisory Exec. Committee	DPHHS – Cogswell Bldg. 406-444-4735
Michael Spence, MD, MPH	Medical Officer	BT Advisory Council	DPHHS – Cogswell Bldg. 406-444-1286
Todd Damrow, PhD	State Epidemiologist	BT Advisory Council – Focus Area B	DPHHS – Cogswell Bldg. 406-444-3986
Jim Murphy, BA	Surveillance Coordinator	BT Advisory Council – Focus Area B	DPHHS – Cogswell Bldg. 406-444-0274
Sally Johnson, JD	PH Emergency Preparedness Section Supervisor	BT Advisory Council	DPHHS – Cogswell Bldg. 406-444-4016
Lorrie Leighton-Boster, MS, RN, NREMT	PH Disaster Coordinator	BT Advisory Council – Focus Area A	DPHHS – Cogswell Bldg. 406-444-1305
Ken Leighton-Boster	Section Supervisor EMS	BT Advisory Council – Focus Area A-NPS	DPHHS – Cogswell Bldg. 406-444-2724
Ken Pekoc	Public Information Officer	Public Information Officer for BT	DPHHS – Sanders Bldg. 406-444-2596
James Aspevig, MS	HAN Coordinator	BT Advisory Council – Focus Area D	DPHHS – Cogswell Bldg. 406-444-5441
Major Patricia Woods	National Guard	MT National Guard Health/Safety Officer	Fort Harrison 406-324-3283
Mark Eichler, RPh	Pharmacist	Nat Pharmaceutical Stockpile Pharmacist	Available through MT EMS office
Melanie Reynolds, MPH	MT Turning Point Initiative	BT Advisory Council – Focus Area G	DPHHS – Cogswell Bldg. 406-444-4474
Linda McKenna, MA, CLS (NCA)	MT Public Health Lab	BT Advisory Council – Focus Area C	DPHHS – Cogswell Bldg. 406-444-0944
Art Bicsak	C. Assistant Disaster Coordinator	BT Advisory Council – Focus Area A NPS	DPHHS – Cogswell Bldg. 406-444-1611
Linda Nelson	D. Workers' Compensation	MT State Fund	MT State Fund Bldg 406-444-6595
Joyce Burgett, RN, MN	Section Supervisor Immunization	BT Advisory Council	DPHHS – Cogswell Bldg. 406-444-0065

Department of Public Health and Human Services
Organizational Chart for Montana Pre-Event
Smallpox Immunization Program



Revised: 12/9/2002 3:02:56 PM

J:\OTD\ADMIN\FFLOW\Bioterrorism - Smallp

Timeline for Program Implementation

Dec. 9, 2002 – Letters with the National Smallpox Vaccination Program Health Care Facility Smallpox Vaccine Needs Survey with a Planning Worksheet and the ACIP Summary of Smallpox Vaccination Recommendations, dated October 21, 2002 will be sent by e-mail and surface mail to all health departments and hospitals.

Dec. 9, 2002 – Pre-event Smallpox Plan will be submitted to Glen Koops, Director of State and Local Preparedness Program of the Terrorism Preparedness and Response at CDC.

Dec. 9-23, 2002 –Public health officers and hospital administrators will be asked to work together to develop Smallpox Health Care Teams, and Smallpox Public health Response Teams.

Dec.16, 2002 – Copies of the satellite videoconference for education on the smallpox vaccine clinics will be ready for mailing to the local health jurisdictions.
Local public health jurisdictions and hospitals will receive copies of the CDC screening form, together with fact sheets and medical history forms. This will allow potential volunteers on the Smallpox Health Care Teams, and Smallpox Public health Response Teams to review their medical history as they make decisions regarding acceptance of the vaccine.

Dec. 17, 2002 – The mailing of videotapes will be completed

Dec. 17-19, 2002- Two members of the Smallpox Planning Subcommittee and up to three local immunization nurses will attend the CDC sponsored Train-the-Trainer conference to learn to safely administer smallpox vaccine. This will be one day training in Atlanta.

Dec. 23, 2002 – All Smallpox Vaccination Planning Worksheets for Smallpox Health Care Teams due to DPHHS by e-mail, fax or surface mail.

Dec.26-27, 2002 – The DPHHS Immunization Program, Epidemiology and Surveillance staff, and NPS staff will develop plans for vaccine distribution based on worksheets and plans submitted by the local health officials.

January 13-17, 2003 – Train-the-Trainer for local volunteer vaccinators to learn to safely administer smallpox vaccine and manage a local smallpox clinic. This will necessarily have to be offered in several different sessions to accommodate many schedules of local public health workers and hospital staff.

January 20-31, 2003 – Ready to set up vaccine distribution. Vaccination clinics will be completed within 30 days following delivery of smallpox vaccine to Montana.

February 2003 – Regional workshops for 5 areas in Montana. The agenda will be heavily weighted with smallpox training, screening and counseling for smallpox clinics, and data management training.

Section E-2: Identification of Public Health Smallpox Response Teams

Public health smallpox response teams in Montana will be established within state and local public health jurisdictions. All team members will be voluntary participants. Individuals on the team will be limited to those public health workers involved in communicable disease control, and who are likely to be exposed to smallpox cases as part of their work responsibilities. Public health smallpox response teams will function to undertake the activities, and to accomplish the objectives detailed under Section 6, DPHHS Post-Event Smallpox Plan. Identification of individual team members will be accomplished by December 23, 2002. Immunization operations will be completed within 30 days of the program's announced start date.

DPHHS Smallpox Response Team

At the state level, only one public health smallpox response team will be established. The team will consist of a core group of individuals to include:

- Montana State Medical Officer
- Montana State Epidemiologist
- CDC Epidemiologist Assignee to DPHHS
- DPHHS Immunization Section Supervisor
- DPHHS Communicable Disease Surveillance Coordinator
- DPHHS, Health Alert Network Coordinator
- Licensed/registered nurses of Immunization Section staff
- DPHHS Laboratory viral diagnosticians
- DPHHS, NPS Designee
- DPHHS Tuberculosis Control Program Manager

In addition to the above core team members, a group of auxiliary workers will be established to provide surge capacity if needed. Individuals to be considered for this group include DPHHS health professionals who 1) are communicable disease control workers, 2) have experience doing public health work in a field setting or at a local health agency, or 3) are a licensed/registered nurse. Where possible, previously vaccinated public health personnel will be made part of the response team.

Local/County Public Health Smallpox Response Teams

At the local level, numerous public health smallpox response teams will be established. The exact number of teams will depend on how many local health agencies decide to participate. All county health agencies in Montana will be encouraged to develop either a local response team, or to at least identify key workers to target for vaccination. Designated team members will include local agency personnel that would be directly involved in case investigations and vaccine administration, along with other needed individual health professionals identified by the local agency.

To assist in determining the number, size, and composition of local teams, DPHHS developed a form which will be transmitted to each local health agency and tribal health agencies in the state. Responses on completed forms will be used to determine vaccine needs for local health agencies. At this time, it is estimated that up 250 public health professionals will receive vaccine during the first phase of the

inoculations (this estimate includes approximately 100 local workers who will administer vaccine and 150 other public health workers who comprise an estimated 12-15 teams).

Section E-3: Identification of Healthcare Smallpox Response Teams

Healthcare smallpox response in Montana will be established within hospitals, including Critical Access facilities that might encounter smallpox cases.

Vaccination of Healthcare Smallpox Teams will be offered to all acute care and critical access facilities. However, vaccination and identification of a team are voluntary.

Each facility should identify a core team who would care for a small pox patient admitted to their facility. Individuals should be identified based on the Advisory Committee on Immunization Practices (ACIP) guidelines. Preference should be given to permanent full-time staff who have been vaccinated at least once previously and be medically eligible for smallpox vaccination (not contraindicated). Team members will be prescreened, and receive counseling related to vaccine safety, vaccination site management, contraindication, and adverse events from smallpox vaccine.

Educational materials regarding smallpox shall be made available to each facility. These will include videotape copies of the national Smallpox Preparedness Training Network Broadcast by CDC and other educational materials provided by DPHHS.

Composition for a hospital smallpox medical response team will vary by individual facility. Each facility should have sufficient team members to ensure continuity of care. Suggestions for composition are outlined in the ACIP Smallpox Vaccination Recommendations (<http://www.bt.cdc.gov/agent/smallpx/vaccination/acip-recs-oct2002.asp>). These guidelines should be reviewed by each facility and modified as needed to provide protection for a team that can:

- Fully manage a patient in need of intensive care for the first seven days in facilities with that capacity.
- Diagnose and transport in facilities without capacity to provide treatment
- Provide a corps of emergency vaccinators for the hospital and staff to monitor individuals who have been given vaccinations.

Although it is not recommended that emergency medical technicians (EMTs), as a group be vaccinated in this first phase, individual hospitals may identify and include selected EMTs (i.e. personnel who would be dispatched to transport patients with suspected smallpox) on the Smallpox Response teams.

In order to specifically identify vaccine needs, facilities have been provided with a healthcare facility Smallpox Vaccine Needs Survey and Worksheet (Attachment XX) and are being asked to complete this survey by December 23, 2002.

Vaccination of team members shall be coordinated with local public health departments to assure appropriate education and selection of staff, counseling, screening and monitoring.

Estimated number of Facilities and Teams

It is estimated that each acute care and critical access facility may create a medical response team. These teams will vary in size depending on facility. It is estimated that the 10 largest facilities will staff teams of approximately 100 individuals and 52 smaller facilities will staff teams of approximately 30 individuals. In addition, 125 emergency transport teams of approximately six people each may be created to provide patient transfer services as necessary. Total first stage pre-event vaccination estimates are contained in Appendix 1.

Policy defining hospital responsibilities, including pre-program education, screening, adverse event evaluation, and treatment, daily vaccination site management and evaluation of vaccination takes.

All facility medical response teams shall be required to complete training as identified by the Department of Public Health and Human Services regarding screening, adverse event evaluation and treatment, daily vaccination site management and evaluation of vaccination takes. Individuals identified as members of a healthcare smallpox response team will be expected to be familiar with the following modules from the December 5-6, 2002 satellite videoconference:

- Smallpox Vaccine Introductory Information
- Smallpox Vaccine Pre-screening (information packet)
- Smallpox vaccine Contraindications and Screening
- Smallpox Vaccine Follow-up Care: Evaluation of “Takes,” Site Care, and Monitoring
- Vaccine Safety and Reporting Adverse Events
- Evaluation, Management and Treatment of Adverse Events of Smallpox Vaccine
- Rash Illness Evaluation
- Smallpox Vaccine Program: Communication with Public and Stakeholders

Modules will be available through webcast technology and by videotape.

All facility vaccination sites shall be responsible for completing health department supplied vaccine administration data forms and returning the data to the local health jurisdiction. Facility employee health staff or their designee shall be responsible for confirming vaccination “take” and reporting to the local health jurisdiction. For more detail regarding these requirements, please refer to the Data Management section of this plan.

Other staff education shall be specific to the role of the individual and facilities should refer to the CDC Smallpox Vaccine Program Training and Education Plan for initial guidance to coordinate this training.

All facilities shall use ACIP recommendations regarding the pre-event vaccination program unless specifically approved alternative guidelines are issued.

Estimated number an occupational types of healthcare personnel expected to be vaccinated:

Occupational Type	Estimated number to be vaccinated		
	Small Fac.	Large Fac.	Total
Emerg. Room Physicians /Assistants	208	150	358
Emerg, Room Nurses	208	200	408
Emerg Room Tech.	104	100	204
ICU Physicians	0	50	50
ICU Nurses	0	50	50
General Med Unit Staff	156	50	206
Med.Subspecialists	104	50	154
Infection Control Staff	104	50	154
Respiratory Therapists	104	50	154
Radiology Technicians	104	50	154
Security Personnel	104	50	154
Housekeeping	260	50	310
Other	104	100	204
Total	1560	1000	2560

Timeline for selection of hospitals and individual healthcare workers and vaccination of health care response teams.

Timeline for selection of hospitals is included in Timeline for program implementation in Section E-1.

This effort will be coordinated with the selection of public health team members and when possible, single vaccination sites will be used.

Larger population areas are to be covered first where vials of 100 doses can be used efficiently.

Section E.4 Selection of Clinic Sites and Vaccination Teams

The Strategy for selection of Clinic Sites is to cover the greatest number of volunteer health care workers in a central location. Vaccine will be distributed to large county health departments first, including Yellowstone, Cascade, Missoula, Flathead, Gallatin, Lewis & Clark, and Silver Bow. Those settings are chosen because they serve the largest proportion of the population of Montana.

The vaccine will be distributed to smaller local health jurisdictions, dependent on information returned on the vaccine worksheets. Regional centers will be chosen by DPHHS by December 27, 2002, based on usage requested for each area, (i.e., Miles City may be chosen to be a central vaccine receiving area and vaccination clinic site for Powder River, Rosebud, Carter, Fallon, Prairie, and Wibaux counties.) The smallpox vaccine will be provided in 100 dose vials, so each local health jurisdiction will not be an appropriate site for one vial of vaccine because the number of people on some of the public health response teams will be less than 100 people.

The public health officials will meet with the hospital administrator(s) and designated staff to determine the site for the vaccine clinics. The sites within the county or region will be selected based

on space available, convenience for the staff that will be giving and receiving the vaccine, and vaccine security. The site locations will be determined by January 13, 2003.

The days of clinic operation will be within a 30 day window. Three clinics will be scheduled, on day one, day 10 and day 20, with a possible clean up clinic before the vaccine leaves the local jurisdiction.

The storage of the vaccine will be the responsibility of the local health department. The public health officials may agree to store the vaccine at the hospital, if storage and security at the hospital is adequate with a licensed pharmacist available for oversight. In order to be acceptable for storage of smallpox vaccine, refrigeration units must be validated (refers to a monitored storage system) for maintaining 2-8 degrees C.

Refrigeration units must be electronically monitored or have the temperature read and logged manually every 12 hours. If being monitored manually, a calibrated thermometer must be read and recorded twice daily by trained personnel. Forms for recording the temperature will be provided by the Montana Immunization Section.

Appropriate security needs should be formally assessed and incorporated into planning efforts to support the vaccination clinic. Security considerations should include the following:

1. Vaccine storage sites (clinic and non-clinic) to include security personnel and locked, limited access areas for vaccine storage.
2. Backup power sources (generators) should be identified for all sites where vaccine is stored (vaccination clinics and storage sites).
3. Vaccination clinic sites: security personnel for crowd control, traffic movement, clinic personnel safety, and related security issues.
4. Vaccine transportation to storage sites and dispensing clinics.

As with all vaccine provided from Federal resources, each dose of smallpox vaccine must be accounted for each clinic day on forms provided. The public health department will be responsible for shipping all materials back to the Montana contract pharmacy storage depot.

Plan for training members of the clinic teams:

Education will be provided in several different venues to provide an opportunity for people who have success with different learning styles. The following is a brief outline of educational opportunities which will be offered. For additional details, see Training and Education section of this plan.

- Educational videos will be available for viewing at the local public health sites. These tapes contain the presentation from the CDC satellite videoconference on December 5 and 6, 2002. The tapes were duplicated and two sets sent to each county and Tribal public health jurisdiction.
- Local public health departments will receive screening forms and fact sheets to be reviewed by potential volunteers on the Smallpox Health Care Teams, and Smallpox Public health Response Teams to review their personal and household medical history as they make decisions regarding acceptance of the vaccine.
- The CDC satellite videoconference may be viewed on the desktop PC through the Public

Health Training Network webcast by going to the following address

<http://www.phppo.cdc.gov/phtn/webcast/smallpox/default.asp>

- A Train-the-Trainer workshop will be developed for local volunteer vaccinators to learn to safely administer smallpox vaccine and manage a local smallpox clinic. This will be an 8 hour workshop, offered over one week period in possibly several different sessions to accommodate schedules of local public health workers and hospital staff. This workshop will be offered the week of January 13-17, 2003.
- During December 17-23 a METNET will be developed to be broadcast to local areas to answer questions and give specific information about the smallpox pre-event clinics for the local health care teams.
- If vaccine distribution is delayed, a workshop during the annual Immunization Regional Workshops for the 5 regions in Montana will be developed with heavy emphasis on smallpox training, screening and counseling training, and data management issues. Those workshops will take place during February 2003.

Before anyone is actually vaccinated, the volunteer will be required to complete a medical history and consent form at the site of the vaccination clinic. The vaccination team will review the medical history to confirm that there is no evidence of a clinical contraindication to vaccination. No one will be offered the vaccine without participation in this screening process.

The guidelines for administration of smallpox vaccine indicate the smallpox vaccine is contraindicated for the following:

- Diseases or conditions which cause immunodeficiency, such as HIV, AIDS, leukemia, lymphoma, generalized malignancy, agammaglobulinemia, or therapy with alkylating agents, antimetabolites, radiation, or large doses of corticosteroids.
- Serious life-threatening allergies to the antibiotics polymyxin B, streptomycin, tetracycline, or neomycin.
- Eczema or a history of eczema.
- Women who are pregnant.
- Other acute or chronic skin conditions such as atopic dermatitis, burns, impetigo, or varicella zoster (shingles) should not be vaccinated until the condition resolves.

Household members of contacts with contraindications to vaccination should consider housing themselves separately from vaccinated household members until the vaccination site has healed to decrease the risk of contact transmission of virus.

Education and Training for Volunteer Pre-Event Smallpox Clinics:

1. Set up data management system for each public health clinic, based on information obtained from the CDC regarding the data system. To assure functional system requirements are met, a data training session will be developed for input personnel. For details, see the Data Management section of this plan.
2. Designated volunteer nurses and medical advisors from the 7 large county health departments and volunteer nurses or physicians from the large hospitals' smallpox health care teams will be invited to the Department of Public Health and Human Services in Helena to offer training on the administration of smallpox vaccine, the required counseling and screening, and the management of the clinics. This format will be based on the "Train-the-Trainer" presentation in Atlanta during December 17-19, 2002. The training for Montana clinics will take place during January, 2003. A second opportunity to present this material will be during the Regional Immunization Workshops, presented during January and February in five regions of the state. This is a one day educational event for the public and private vaccine providers in Montana.

Section E.5 Scheduling

The Montana Pre-event Smallpox plan calls for completion of the vaccine clinics for the Smallpox Health Care, and the Smallpox Public Health Response Teams' immunizations within 30 days of the receipt of the smallpox vaccine.

The names of the vaccine administrators and the data management personnel must be provided on the required forms for input into the data system at CDC before the clinics can begin. The data input for each smallpox clinic will be the responsibility of the public health department at all clinic sites. Please see the Data Management Section E. 10 for more information on this topic.

Three pre-event vaccine clinics will be held at each site. One third of each health care team will be vaccinated during each clinic, every ten days, to prevent staff shortages in the medical facility from expected local vaccine reactions. During the 30-day time slot, a fourth or clean up clinic may be scheduled to vaccinate the few voluntary members who may have missed the earlier clinics because of scheduling conflict.

Section E-6: Vaccine Logistics and Security

Assumptions:

- DPHHS is identified as the lead agency, in the State Emergency Coordination Plan, for the receipt, management and further distribution of the National Pharmaceutical Stockpile (NPS) in Montana.

- The NPS will be the mechanism for receipt of the smallpox vaccine from CDC to the State of Montana.
- The Montana NPS Plan together with the Immunization Section of DPHHS will direct the statewide distribution of the smallpox vaccine once the plan for prioritization of distribution sites and allotment of vaccine has been developed.
- The DPHHS contracted Vaccine Storage Depot will be used for vaccine storage, distribution and recovery of the smallpox vaccine, as identified in the Montana State Immunization Plan, until the quantity of vaccine for storage or shipment exceeds the contractors capabilities.
- The Montana NPS Plan will, if necessary, supplement the receipt, storage, distribution and recovery of the smallpox vaccine to local health jurisdictions.

Contacts:

DPHHS Duty Officer (24/7 Primary Contact Number) (406) 444-1305

Montana NPS Coordinator (24/7 Primary Contact Number) (406) 431-1983

Vaccine Quantity: 3,300 doses

Vaccine Receipt & Distribution:

The Montana NPS Plan Command and Control Team will coordinate with CDC on receipt of the Montana smallpox vaccine from CDC and delivery of the vaccine to the Montana Vaccine Storage Depot.

Vaccine Logistics and Security:

All components for Smallpox Vaccine Logistics and Security will adhere to CDC ANNEX 2 Draft dated November 22, 2002.

Section E.7 Clinic Operations and Management

The Federal Government will provide the following resources to state and local public health authorities for use in voluntary vaccination clinics:

- Licensed smallpox vaccine, packaged as a “kit” made up of:
 - 1 vial of vaccine
 - 1 vial of diluent for reconstitution of vaccine,
 - 100 bifurcated needles.
 - 1 transfer syringe and needle

- Package insert and lot number stickers
- Vaccine administration directions (written and video demonstration)
- Clinical protocols and supporting materials in major languages (at a minimum English and Spanish), including:
 - Medical screening and consent form
 - Information sheets on:
 - Smallpox vaccine
 - Vaccine adverse events
 - Specialized information for persons with contraindications
 - Smallpox disease
 - Contact information
 - Vaccine take recognition card
 - Vaccine site care instructions
 - Vaccination card for duplication and use within clinics
- VIG and/or Cidofovir will be made available following telephone consultation for use as the treatment of *serious* adverse events that may be expected to respond to these treatments.
- Technical assistance with clinic design, development of clinic databases, and vaccination tracking systems.

Vaccine Formulation to be Supplied:

Dryvax (Wyeth) 100 doses per vial, with 0.25 mL of diluent. To be stored at 2-8 degrees C for up to 30 days, once reconstituted.

NOTE: Storage and handling instructions for the vaccine should be reviewed with *all* staff before they begin their shift.

Clinic flow for Pre-event Vaccination Clinic

Because of the small population size of Montana, the number of people on the Smallpox Health Care, and Smallpox Public Health Response Teams will not be over 250 in any of the 7 large cities/counties. Since the clinics will be offered on at least three different days, to lessen the impact on the health care facilities, the greatest number of persons seeking the smallpox vaccine during any one clinic will be less than 85. That will not require set up for a large-scale mass immunization effort.

A manager for each vaccine clinic will be appointed by the health care facility and/or the local health jurisdiction. The name and contact information for the manager will be forwarded to DPHHS.

- The manager will set up clinic dates.
- The manager will set up procedure for evaluating the vaccine “take” on day 7 following vaccine administration.
- The manager will be responsible to contact the public health department for reporting adverse events related to the vaccine administration.
- The manager will obtain a physician’s order for the nurses or physician’s assistants to

administer the smallpox vaccine for the local clinics.

- The manager should be available during the clinics to help the flow of clients, bring needed materials to the site, and bring in any needed expertise.

An emergency tray will be available to the vaccine administrators during each clinic.

The clinic flow will be as follows:

The clinic will be available for appointments a week in advance. The appointments will be scheduled with a receptionist, appointed for this task.

The health care worker will register with a receptionist at the appointed time, and pick up the forms, including the medical screening and consent form, and information sheets on smallpox vaccine, vaccine adverse events, and specialized information for persons with contraindications.

The video may be viewed at this time, or a signature sheet presented that the vaccinee has viewed the video previous to this appointment. This may have been done during a previous time, when the decision was made to volunteer for this team.

The medical screening and consent form is presented to a medical screener for evaluation. This medical screener will be a physician, nurse, physician's assistant or a nurse practitioner, who has received the necessary education to evaluate the medical, personal and household history of the volunteer team members. This review is expected to take approximately 20 minutes per client. Questions regarding the vaccine and the volunteer program are encouraged to be addressed.

The vaccinator station will have one vaccinator and one assistant. They will be cross-trained and both legally qualified to administer vaccine so they can trade off. The client who has had the medical screening and signed consent form evaluated will proceed to the vaccinator station. The forms will be checked once again, collected, and the vaccination will be administered. The vaccination card will be filled out, and witnessed by the assistant.

A reminder will be given before the volunteer vaccinee leaves this station, that the vaccine "take" will be read on day 7, and that local reactions may be anticipated. Wound care and coverage will be discussed, with an appropriate dressing application, zip lock bags and gloves distributed.

The forms will be given to data entry personnel.

Evaluation of Vaccine "Take"

The manager will designate the person who will check the vaccine recipient for vaccine "take" evaluation each day. This may be the person in an Employee Health position, a public health employee, etc. The person assuming this responsibility, using appropriate glove and biohazard technique, change the dressings each day, and check to determine the individual response to the vaccine. Dressings are to be in place to prevent transfer of the vaccinia virus in the workplace for 21 days or until the scab falls off.

The data regarding the vaccine “take” will be supplied to the data management person for each vaccinee.

If the vaccine reading on day 7 is a non-response to the vaccine, the employee should be re-scheduled for the vaccine dose to be repeated at the next clinic. The data files contain this information, a new number assigned, and the re-take administered.

Section E-8 Vaccine Safety Monitoring, Reporting, Treatment and Patient Referral

Web-based data entry into the Vaccine Adverse Exception Reporting System (VAERS): Data entry into and use of the Web-based VAERS system will be centralized at the State level with the State of Montana Immunization Program’s VAERS Coordinator.

A hard copy VAERS form will be distributed to the sites administering smallpox vaccine and Local DOH facilities. The Local clinic manager will be responsible for notifying the Local County Health Department of any adverse events and initiating the process.

Local DOH personnel will be primarily responsible for following-up on local adverse events and ensuring that the hard copy forms are correctly filled out and submitted to the State of Montana Immunization Program’s VAERS Coordinator (Tim Horan). Originals of the forms submitted to the State-level will be retained locally with the clinic manager. A copy will be sent by mail or preferably, fax, to the Montana State Immunization Program’s VAERS coordinator for entry to the web-based VAERS system (<https://secure.vaers.org/VaersDataEntryintro.htm>). These hard copies will be retained at the State level for later reference, if necessary. This process will permit both the State and Local DOH to be aware of any post-vaccination adverse events and will help to ensure appropriate follow-up, as both State and Local DOH personnel are more experienced users of the Vaccine Adverse Event Reporting System.

Section E-9. Training and Education

The Montana Public Health Training Institute, as part of the DPHHS Office of Public Health Systems Improvement, coordinates training to improve the capacity of public health to respond to any emergency or outbreak. These courses are offered in mixed venues including on-site, central and regional locations, via videoconferencing, videotape, and on-line.

Focus Area G (Training) personnel, as part of the Montana Public Health Training Institute, will work with each focus area to meet specific competencies for public health personnel in Montana including smallpox pre-event preparedness. The Montana Public Health Training Institute will promote priority trainings such as the two-day CDC Update Smallpox Preparedness training, future webcasts on smallpox, and other related training opportunities.

A critical element in the training plan is CDC’s two-part December 5 and 6, 2002, satellite broadcast, CDC Bioterrorism Update: Smallpox Preparedness. The Montana Public Health Training Institute, working with the Montana DPHHS Smallpox Response Team, sent an email, fax, and mailing to key local and tribal public health officials, health officers, professional organizations, hospital associations, and technology infrastructure providers such as telemedicine systems to advise them of

the upcoming broadcast. This memo gave advice for setting up the broadcast in their communities.

The CDC broadcast was videotaped and each county and tribal health department will receive two copies of the videotape to use internally and to loan out to their Smallpox Public Health Response Team and Smallpox Health Care Teams. The videotapes will be ready for mailing on December 16. In addition to the videotapes, each county and tribal health department will receive in this packet:

- A training registration sheet requesting information on who watched the video or live downlink from their Smallpox Public Health Response team and Smallpox Health Care Teams. Each county and tribal health department will be asked to return these forms by December 23, 2002
- Copies of the CDC Training Evaluation Form for the Smallpox broadcast and webcast
- Information on how to view the webcast, CDC Bioterrorism Update: Smallpox Preparedness.
- CDC Attachment 1 Handouts- Examples of Supporting Forms for Smallpox Vaccine Clinics. These are sample forms that can be used for planning and educational/training purposes.
- Information kits with sample news release formats for county and tribal health offices to use and factual information regarding the smallpox virus, smallpox vaccination and state smallpox plans.

During the week of December 17 – 23, 2002, an interactive videoconference, using the Montana Education Telecommunications Network (METNET) or a statewide audio conference, may be offered to counties and health departments to answer common questions and concerns about how to set up Smallpox Public Health Response Teams and Smallpox Healthcare Response Teams and other follow-up issues from the December 5 and 6 satellite broadcast.

The Montana DPHHS will send at least one member of the DPHHS Smallpox Response Team and possibly a Smallpox Public Health Response Team member to the CDC “train the trainer” course held on December 17 – 19, 2002.

Upon completion of the CDC training in Atlanta, available content (based on topics identified by CDC) will be reviewed and information selected to be included in a Train-the-Trainer program for training other vaccinators in Montana. This one-day “Train-the-Trainer” session will be held during the week of January 13 – 17, 2003 and offered to members of the Smallpox Public Health Response teams and the Healthcare Response Teams. Along with training on administration of vaccine, counseling and screening, there will be training on data input requirements. An interactive videoconference, using the Montana Education Telecommunications Network (METNET) may be used if the training is needed to be conducted prior to the week of January 13 – 17, 2003

On-going efforts

Since many materials and some training will be provided by the CDC, the Montana DPHHS will provide reproductions of these materials, add state-specific information, and ensure distribution of informational and education materials. The Montana DPHHS will provide supplemental educational efforts to the County and Tribal Public Health Response Teams and other appropriate groups as needed.

Regional Immunization Workshops will be presented during January and February 2003 in five regions of Montana. This is a one-day education event for the public and private vaccine providers in Montana. The agenda will include follow-up information on smallpox training, screening and counseling for smallpox clinics and data management training.

In addition, the Montana DPHHS will distribute basic general information about smallpox trainings to medical and public health professionals, such as clinicians and healthcare workers in hospitals NOT designated as health care or public health response teams. This will be coordinated with information outlined in Section 11 of this Smallpox Pre-event Plan.

The Montana DPHHS will maintain a library of print, video, audio and other smallpox training media. The Montana DPHHS will coordinate its education and training efforts with the state healthcare professional and hospital associations. The DPHHS Smallpox Response Team will use materials available online on the Public Health Training Network: www.phppo.cdc.gov/phtn

For example:

Smallpox: What Every Clinician Should Know: <http://www.cdc.gov/nip/ed/smallpox-trg/clinician-should-know/default.htm>

Smallpox Vaccination and Adverse Events Training Module:
<http://www.bt.cdc.gov/training/smallpoxvaccine/reactions/default.htm>

An informational poster on recognizing and discriminating smallpox from chickenpox is available from the CDC website and through the Montana Immunization Program:

<http://www.bt.cdc.gov/agent/smallpox/diagnosis/index.asp>

Section E-10: Data Management

Background: The primary emphasis of the Montana State Department of Public Health & Human Services Pre-event Smallpox Technology Plan consists of developing the plans and recruiting the appropriate technology and personnel resources to support the data entry effort at the local level. A single position serves as both Health Alert Network (HAN) and Immunization Registry Coordinator for the State of Montana. This reflects the strategic objectives of our Department, which strives for a unified approach when implementing technology at the local level. DPHHS has been actively developing and deploying web applications for use at the local level for the past three years.

Elements of the Pre-Event Technology Plan:

1. The Montana State Department of Public Health & Human Services (DPHHS) commits to the use of the Pre-event Vaccination System (PVS) provided by CDC through its Secure Data Network (SDN). The Montana State Immunization Registry Coordinator will conduct the coordination of the Public Health Preparedness and Emergency Response group's use of the Pre-event Vaccination system and the Local Health Jurisdictions (LHJs). Montana State Immunization Registry Coordinator will be the primary contact regarding the use and deployment of the PVS. All technology-related communication relative to the Pre-event plan and communication from the developers of the PVS should be routed directly to the Immunization Registry /HAN Coordinator. The role in the PVS that will probably be most appropriate for this staff member is State_PI. The contact information for the Montana State Immunization Registry/HAN Coordinator is provided below:

Jim Aspevig, M.S.
Room C211, WF Cogswell Bldg, 1400 Broadway, Helena, MT 59620
jaspevig@state.mt.us
Voice: 406.444.5441
Cell: 406.431.9546
Fax: 406.444.2920

2. DPHHS will be the lead agency providing leadership and direction in the use of the PVS, instructing vaccinators, readers, reviewers and data entry personnel in the use of the software and assisting them in integrating it into their immunization clinic operations.
 - a. The Department therefore commits to the development and/or distribution of appropriate training materials to support the PVS. Distribution of training materials developed on the Federal level may be readily accomplished. However, development of training and support materials will require access to the system by State of Montana staff, particularly the Immunization Registry Coordinator. Therefore any commitment to develop materials or conduct training is contingent on access to the system granted from the Federal level. As there has been no firm time-line communicated to the Montana State Immunization Registry/HAN Coordinator for the release of the system to State-level staff for review, we are unable to provide a firm time-line for the delivery of training and/or the development of training materials.
 - b. Training will be supported organizationally by Focus Area G-Training (see the “Training and Education” section for further details) and DPHHS will initiate planning to provide appropriate support for the PVS. This will consist of the development of Montana-specific training materials, and the participation of the Immunization Registry Coordinator in a Statewide MetNet broadcast to demonstrate the use of the system on-site demonstration and training in the PVS at Local Health Departments, and the creation of PVS-support helpdesk at the State level. As part of these support efforts a data entry team will be trained within DPHHS. These individuals will be trained to provide both direct and indirect support for Local DOH and Hospital data entry efforts. Admittedly, the effectiveness of a State-level helpdesk may be somewhat limited at this time, as State-level staff have no substantive administrative rights in the PVS, so their utility will be limited to explaining the functionality of the system to end-users, and helping to refine end-user’s issues for transfer to support staff on the Federal level who have administrative rights in the PVS. All genuine system issues requiring any rights above that of an end-user will probably have to be addressed at the Federal level. The Montana State Immunization Registry Coordinator is hopeful that a Federal helpdesk will be established to support the needs of State and Local Health Jurisdictions in this regard and that such a helpdesk will be adequately resourced and able to provide prompt problem resolution and/or system support.
3. Data entry activities will be primarily conducted in Local County and Tribal Health Departments (Local DOH). This will permit Montana’s LHJs to make use of the expertise in data entry and vaccine-related quality control that exists in Local DOH, as every County Health Department in Montana has been involved in the process of implementing childhood

immunization registries since 1997, and the PVS is, after all, a simple immunization registry. Using staff who already have experience entering data and using the vaccine inventory functionality of a full-featured Immunization Registry will most efficiently leverage our investment in the training and support of Local DOH data entry staff, and we will become operational more quickly, as we do not have to train staff in the concepts supporting the functions that underlie an immunization registry.

4. DPHHS will strongly discourage the use of facilities that would ultimately vaccinate fewer than 100 people. More populous areas will therefore be able to determine their own vaccine administration sites with guidance from DPHHS. In less populous areas the Department will designate centralized vaccine administration site to serve a given region. This will make a better infrastructure available to PVS and also take advantage of the available facilities and presence of staff. The Montana State HAN Coordinator will work with local smallpox response teams to help ensure the presence of a robust, secure Internet connection at those facilities where vaccine is to be administered. Fortunately, Internet connectivity will not be absolutely necessary as provisions will be made support data entry off-site at the Local DOH, however, it is recognized that the ability to access the system and look up records in real-time could enhance immunization clinic operations. DPHHS will establish the clear expectation that Local Health Department staff will be largely responsible for creating client and vaccine lot/batch records in the data system, as the local County Health Department will be responsible for the management of the vaccine and the oversight of the vaccination process.
 - a. The facilities where the vaccine will be administered will be identified through the Department's survey process. The information from Montana's LHJs that are planning to form a local smallpox response team will be returned to the Department by Dec. 23, 2003. Once these jurisdictions and the corresponding contacts for these jurisdictions have been identified, the Montana State Immunization Registry Coordinator will survey their primary contact to obtain the facility information required by the PVS to support data entry. The list of PVS clinic users will also be developed during this process. The Immunization Registry Coordinator will complete this list by Jan.12, 2003 in coordination with the overall timeline for program implementation. The information on the system users will be provided to CDC, giving the role(s) of these clinic users relative to the PVS along with the facility with which they are associated, where they will support PVS data collection in accord with the draft *Smallpox Vaccination Program Guidance: Annex 8—Pre-Event Vaccination System (PVS) Overview Version 1.1*. Hospitals in conjunction with their Local DOH will identify possible candidates either as a part of this process or in a subsequent process and these candidates will be pre-screened and placed on a list of eligible candidates that will be transferred to the State DOH. The State DOH will then coordinate the scheduling of the clinic with the Hospital and Local DOH.
 - b. The Immunization Registry Coordinator will support the integration of the PVS into the operations of the Pre-event vaccination clinics. The current process will consist of:
 - i. The clinic manager, whose responsibilities are more fully outlined in the "Clinic Operations and Management Section," will coordinate the receipt of the vaccine by the Local DOH, where it will be entered into the Hospital's list of available lots/batches of vaccine.

- ii. The clinic manager will also coordinate the printing of the appropriate number of intake forms matching the batch of vaccine and the number of individuals the clinic plans to immunize on a given day with the Local DOH. The PVN sticker(s) that will be provided by CDC will accompany these forms. The forms will be delivered to the site where Vaccinia is to be administered.
- iii. Smallpox vaccine recipients will be processed and the system's forms filled out at the site of vaccine administration.
- iv. The first page of those forms will be returned to the Local DOH for entry into the data system. The standard will be no more than 48 hours between an individual's receipt of the smallpox vaccine and the entry of their record into the data system.
- v. The clinic manager will have designated staff, for example, the hospital employee health coordinator, which will be responsible for evaluating the immune response of the vaccine recipient after the appropriate time interval. If the "take" reads are performed at the local hospital, then the reader ideally has PVS access and can update the record in real-time. If the "takes" are read at the Local Hospital, but there is no access to the PVS at the hospital, then this information will be provided to the data entry staff at the Local DOH, for entry into the PVS, updating the Vaccinia recipient's record.
 - 1. In the event of a positive "take" the process is considered complete. The vaccinee's record in the PVS will be updated to reflect the results of the read.
 - 2. In the event of a failure to respond, the vaccination and data entry process is re-initiated. Both vaccination event records will be linked to the vaccinee through the PVN associated with the initial vaccine record.
- c. The above clinic/data entry process (point 4.b.i through 4.b.v.2) represents a high-level outline of the clinic flow/data entry process. The process will be further modeled and refined by the Immunization Registry/HAN Coordinator in conjunction with at least two of our State's largest health Departments following the procedure outlined in the draft *Smallpox Vaccination Program Guidance: Annex 6—Pre-Event Vaccination Application Functional Requirements and Process Flows Version 1.1* to the greatest extent possible. At this point, the Immunization Registry/HAN Coordinator plans to work with the Gallatin and Yellowstone City-County Health Department's to further refine data entry and clinic information processing flow. Obviously, some level of "beta-test" access to the PVS would assist in this process to permit some discussion/demonstration of the actual PVS system. However, if that is not possible, State and local staff are fully prepared compensate for the situation.

Section E-11. Communications

Montana's Pre-Event Smallpox strategies for communicating information to the public and media are as follows:

- Identify key internal resources who may be called upon to convey information in the event of

vaccination program activation or smallpox case confirmation. Discuss roles and responsibilities with those key players, as well as methods of maintaining an accurate and current flow of information. Tentative deadline: Dec. 13, 2002.

1. Likely participants are the DPHHS Director and Deputy Director; Administrator of Health Policy and Services and the Bureau Chief for Communicable Disease Control and Prevention; Immunization Program Supervisor; State Medical Officer; State Epidemiologist; Health Surveillance Coordinator; Laboratory staff; Bioterrorism and Public Health Disaster staff and others.
 2. The primary point of contact responsible for communications associated with Montana's smallpox vaccination pre-event plan is the staff of the state Immunization Section, (406) 444-5580. Joyce Burgett is the lead individual in this area.
- Offer media and interested parties (i.e. hospital public information officers) the opportunity, via a live briefing and teleconference, to learn about smallpox and the state's roles from key internal resources (see list above). This informal setting, facilitated by the DPHHS PIO, will also allow the media and interested parties to ask questions and further develop a rapport with state experts on this subject. Tentative deadline: Dec. 13, 2002.
 - Prepare and distribute factual information regarding the smallpox virus, smallpox vaccination and state's smallpox plans. These documents will be available as information kits that state and local jurisdictions (i.e. tribal and county health offices) and hospital PIOs can distribute to their staffs, the public and media as needed. Sample news release formats will be included in the kits for tribal and local governments to adapt to their needs. Tentative deadline: Dec. 16, 2002
- In the event that DPHHS establishes any toll-free telephone information systems, these kits would be a resource to those individuals responding to calls.
- Work closely with news reporters to keep them apprised of timely information to share with the public and encourage their distribution of such information (i.e. vaccination clinic schedules and other relevant pre-event planning information).

If public service announcements are available from the Centers for Disease Control and Prevention or from other states pertaining to the smallpox virus and smallpox vaccination, and as funding is available, distribute PSAs to broadcasters. Work with broadcast media partners to encourage PSA use. If additional funding is available, Montana will consider developing its own PSAs to explain state-specific vaccination procedures.

- Develop and maintain a web page devoted to smallpox virus and vaccine information; make effective use of links provided by CDC and other credible entities. DPHHS will maintain this page and will encourage its availability via the main state home page, DiscoveringMontana.com.

- Support efforts to coordinate with the communications to medical and public health professionals (Section E-9). Support efforts to communicate relevant and necessary information with areas described throughout this plan. Collaborate with hospital PIOs and other state agency PIOs as available and necessary.

Section F: Reporting Requirements

The Montana Department of Public Health and Human Services will submit semi-weekly status reports on each Monday and Thursday throughout the vaccination program. These reports will be submitted to the National Immunization Program, Data Management Division and will include the require elements provided in Annex 11.

Section G: Approval

This plan will be evaluated against the requirements in the Plan Format and Content sections, E-1 through E-11. The Montana Department of Public Health and Human Services will cooperate as necessary to provide critical information required by CDC. It is understood that upon approval of the plan and a federal decision concerning use of the vaccine, the vaccine will be released to the MT DPHHS in accordance with protocols of the National Pharmaceutical Stockpile at CDC.

Appendix I

Estimated number of first stage vaccination

Vaccination category	Est. number of individuals to be vaccinated
Facility Medical Response teams	2560
Local Public Health Response Teams and	100
Local Public Health Vaccine Administration	100
Epidemiology and contact investigation (State)	15
State Public Health Laboratory	20
National Pharmaceutical Stockpile vaccine Transport Teams	50
Emergency Medical Transport Teams	125
DPHHS Field assignment pool	15
Subtotal	2985
Adjustment for retakes	315
Total	3300

Appendix II

National Smallpox Vaccination Program (NSVP)

Public Health Response Team Smallpox Vaccine Needs Survey

The Montana Department of Public Health & Human Services (DPHHS) is working closely with local county and tribal health agencies to prepare for possible bioterrorism events. As part of this effort, we anticipate the federal government will *offer* smallpox vaccine to selected health care providers in the near future.

The development of **Public Health Response Teams** is an integral part of local and state preparedness efforts. In the event of a case of smallpox, team members may be involved in case investigations and vaccine administration. DPHHS is developing a state-level team consisting of the state medical officer, state epidemiology staff, selected nurses and disease investigators and selected lab staff.

The development of a local response team is encouraged. Possible team members would include agency personnel that would be directly involved in case investigations and vaccine administration. To assist DPHHS in determining vaccine needs we are requesting county and tribal health agencies evaluate their staff to determine who may be offered smallpox vaccine and provide DPHHS with the information below. We suggest maintaining a detailed listing (e.g. name, work schedule, work area) of the staff members who will be offered vaccine (and are included in the count below) in your employee health files.

We encourage health agencies to assess the presence of common contraindications among selected staff members, and/or their immediate household contacts, as part of this planning effort. More information on contraindications can be found in the ACIP guidelines.

Participation of local agency and staff members is voluntary, however, we do request that this form be returned regardless of whether you choose to create a team or not. **In the event a full team is not formed, you may need to consider offering the vaccine to the selected individuals that would be administering vaccine to contacts to a case or other providers. Please return to DPHHS by faxing to 800-616-7460 by December 23.**

Smallpox Vaccination Planning Worksheet

Health Agency: _____

Completed by: _____ Position: _____

Phone: _____ Fax: _____ E-mail: _____

1. Does your local health agency plan on forming a smallpox response team?: _____

If yes, how many staff *involved in investigations* will be offered vaccine: _____

2. Regardless of your answer to question 1, how many staff members in your agency, *not included in the above count*, may be called upon to administer smallpox vaccine and will be offered vaccine?: _____

Vaccine administration in public and private health care workers will be tracked using a CDC software package. DPHHS expects that the staff performing data entry for your current immunization registry will be asked to enter the relevant data into the CDC system for the relatively few vaccine recipients in your county. In order to establish a user account for each data person we are requesting the specific name(s) of agency staff who will maintain the registry.

IF ADDITIONAL INFORMATION OR CLARIFICATION IS REQUIRED PLEASE CONTACT DPHHS AT 444-5580.
COMPLETED FORMS MAY BE FAXED TO DPHHS AT 800-616-7460.

Appendix III

National Smallpox Vaccination Program (NSVP)

Health Care Facility Smallpox Vaccine Needs Survey

The Montana Department of Public Health & Human Services (DPHHS) is working closely with local health agencies to prepare for possible bioterrorism events. As part of this effort, we anticipate the federal government will *offer* smallpox vaccine to selected health care providers in the near future.

We are requesting the assistance of health agencies and health care facilities to help us determine vaccine supply and distribution needs. **Between December 9-23, your facility will be contacted by a local health official to discuss this initiative and collect information regarding your facilities needs.**

The information below is intended to offer an overview of the recommendations of the Advisory Committee in Immunization Practices (ACIP) regarding the formation and composition of *Smallpox Health Care Teams*. On the reverse is a simple worksheet that we suggest be used to develop an estimate for your facility. The worksheet will supply the information needed for our planning efforts and we ask that you submit it to the health agency contacting you.

Participation in this effort on behalf of your facility and staff is voluntary but strongly encouraged.

ACIP Recommendations Regarding Smallpox Health Care Teams:

The ACIP recommends that in the first stages of a pre-event smallpox vaccination program, each acute care hospital identify a group of healthcare workers who would be vaccinated and trained to provide in-room medical care for the first few smallpox patients requiring hospital admission and to evaluate and manage patients who present to the Emergency Department with suspected smallpox. For the first 7-10 days after patients with smallpox have been identified, this team would be hospital-based and provide care 24 hours a day, using 8-12 hour shifts. Non-essential workers would be restricted from entering into the rooms of patients with smallpox.

The ACIP recommends that Smallpox Health Care Teams include:

1. Emergency Room Staff, including both physicians and nurses
2. Intensive Care Unit staff, including physicians, nurses, and in hospitals that care for infants and children, this encompass pediatricians, pediatric intensivists, and pediatric emergency room physicians and nurses
3. General Medical Unit staff, including physicians, internists, pediatricians, obstetricians, and family physicians in institutions where these individuals are the essential providers of primary medical care
4. Medical house staff (i.e., selected medical, pediatric, obstetric, and family physicians)
5. Medical subspecialists, including infectious disease specialists [this may also involve the creation of Regional teams of subspecialists (e.g., local medical consultants with smallpox experience, dermatologists, ophthalmologists, pathologists, surgeons, anesthesiologists in facilities where intensivists are not trained in anesthesia) to deliver consultative services
6. Infection control professionals (ICPs)
7. Respiratory therapists
8. Radiology technicians
9. Security personnel
10. Housekeeping staff (e.g., those staff involved in maintaining the health care environment and decreasing the risk of fomite transmission).

It is anticipated that the size and composition of a smallpox medical care team will vary according to the individual institutions and their patient populations. Each hospital should have enough *[team members]* to ensure continuity of care. Clinical laboratory workers are not included in the initial phase of pre-event smallpox vaccination because the quantity of virus likely to be in clinical specimens of blood and body fluids is low *[Laboratory staff that may be involved in the direct collection of specimens are an exception and must be offered vaccine- DPHHS]*. Consistent adherence to standard precautions and ASM/CDC protocols will prevent exposure to virus in clinical specimens. Although it is not recommended that emergency medical technicians (EMTs), as a group, be vaccinated in this first phase, individual hospitals may identify and include *[selected]* EMTs (i.e., personnel who would be dispatched to transport patients with suspected smallpox) on their Smallpox Health Care Teams.

A complete copy of the ACIP Smallpox Vaccination Recommendations can be obtained from DPHHS, your local agency or at <http://www.bt.cdc.gov/agent/smallpox/vaccination/acip-recs-oct2002.asp>

Smallpox Vaccination Planning Worksheet

Facility: _____

Completed by: _____ Position: _____

Phone: _____ Fax: _____ E-mail: _____

Please provide the number of staff members that would be offered smallpox vaccine as part of the facility's *Smallpox Health Care Team* as described in the ACIP guidance (see reverse). We suggest maintaining a detailed listing (e.g. name, work schedule, work area) of the staff members included below in your employee health files. Creation of a detailed list retained by your facility will help ensure the most efficient use and distribution of a limited vaccine supply.

We encourage facilities to assess the presence of common contraindications among selected staff members, and/or their immediate household contacts, as part of this planning effort. More information on contraindications can be found in the ACIP guidelines.

The information requested below should reflect the selected care providers who would be offered vaccine. Additional detail on each group is provided on the reverse side of this survey or available in the ACIP recommendations.

Emergency Room Staff:	Physicians: _____	Nurses: _____	Total: _____
ICU Staff:	Physicians: _____	Nurses: _____	Total: _____
General Medical Unit Staff:			Total: _____
Medical House Staff:			Total: _____
Medical Subspecialists:	Type: _____		Total: _____
	Type: _____		Total: _____
	Type: _____		Total: _____
	Type: _____		Total: _____
	Type: _____		Total: _____
	All Others: _____		Total: _____
Infection Control Staff:			Total: _____
Respiratory Therapist:			Total: _____
Radiology Technicians:			Total: _____
Security Personnel:			Total: _____
Housekeeping Staff:			Total: _____
Others:	Type: _____		Total: _____
	Type: _____		Total: _____

GRAND TOTAL FOR FACILITY: _____

Comments regarding special issues/needs (e.g. satellite facilities, staff constraints, etc.):

IF ADDITIONAL INFORMATION OR CLARIFICATION IS REQUIRED PLEASE CONTACT YOUR LOCAL HEALTH AGENCY OR DPHHS AT 444-5580. COMPLETED FORMS MAY BE FAXED TO DPHHS AT 800-616-7460.